							STATE EN E	
HLED	JAN 6	1958	31Ar	IL -	ICATE OF DEA	2000	SIAIE FIEE N	TOMBER /_ 7
		Registration	District No	43 Pri	imary Registration [	District No. 200	Regis	strar's No. 6
I. PLACE	OF DEATH	<del></del>				DENCE (Where deceased		ion: Residence before
a. COU	NTY But	tler			a. STATE	Mo. b	. COUNTY E	Butler
ΩR		corporate limits, giv		nly) Inside Limits	c. CITY OR			Inside Limit
		ar Bluff,		Yes X. No D	TOWN	Poplar Blu	ff,	YYOS [X No
HUSH	TIAL OR .	(If NOT in hospital, 825 Vine	•	ength of stay in 1b	d. STREET ADDRESS	_	ide, give locati	on) Reside on F Yes 🗆 No
3. NAME OF	,	First		Middle	Last	I 4. DATE	Month	Day Year
(Type or )		Bess	ie	Cagle	Crawford	OF DEATH	Dec.	8, 1957
5. SEX	/ 6.	COLOR OR RACE	<del>,</del>	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (/	n years IF UNDER	I I YEAR IF UNDER 24 HR
Femal	e	White	,WIDOWED [		Septo17	,1894 63		Days Hours Mir
10a. USUAL O	CCUPATION (C	Give kind of work done ng life, even if retired)	106. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Ci	ty and state or country)		EN OF WHAT COUNTRY?
Hou	sewife				Holcomb		Մ.	.S.
13. FATHER'S					14. MOTHER'S MAID	EN NAME		
	. Cag					ia Napper		
(Yes. no. or un	iknown)   (If y	N U. S. ARMED FORCE irs, give war or dates of se		OCIAL SECURITY NO.	17. INFORMANT		Address	1-21
No					Charles	Crawford, P	onlar F	Bluff."o.
	RT I, DEATH Y	H [Enter only one cau WAS CAUSED BY: MEDIATE CAUSE (a) _	ise per line for (a	1), (b), and (c).	arli	た。		INTERVAL BETWEE
Co w/ ab	RT I, DEATH I IMM paditions, if an hich gare rise ore cause (	WAS CAUSED BY: MEDIATE CAUSE (a)  RY.   DUE TO (b) a), }	Le per line for (a	(a), (b), and (c).	Valo	to	nt die	INTERVAL BETWEEN
Co wh ab sto ky	RTI, DEATH N  1Mb  ponditions, if a  hich gave rise  ove cause ( uing the und  ing cause la	WAS CAUSED BY: MEDIATE CAUSE (a)	Chr	my	Vale levo	to ular fe is	nt die	25-yrs
Co wh ab sto ky	RTI, DEATH N  1Mb  ponditions, if a  hich gave rise  ove cause ( uing the und  ing cause la	WAS CAUSED BY: MEDIATE CAUSE (a)  NY.   DUE TO (b) a),   ter	Chr	my	Vale levo	Long for a long from the parties of	nt die	25 Jan 19. WAS AUTOPSY PERFORMED?
CC w/b starting PAI	onditions, if an inch pare rise one cause (uning the und ing cause lart II. OTHER S	WAS CAUSED BY: MEDIATE CAUSE (a)	Christing to E	DEATH BUT NOT RELATED	Valve De TERMINAL DISE	Low for a see CONDITION GIVEN IN PA	H214	25-y-
PA  CC ut) add sta sta lyi PAI  20a. ACC	onditions, if an inch pare rise one cause (uning the und ing cause lart II. OTHER S	WAS CAUSED BY: MEDIATE CAUSE (a)	Christing to E	my	Valve De TERMINAL DISE	to ular fe is	H214	25 25 25 25 25 25 25 25 25 25 25 25 25 2
PA  CVI  Util  Bit  PA  PA  CVI  CVI  CVI  CVI  CVI  CVI  CVI  CV	onditions, if an airch gare rise one cause (cuing the und ing cause la RT II. OTHER S	WAS CAUSED BY: MEDIATE CAUSE (a)	Christing to E	DEATH BUT NOT RELATED	Valve De TERMINAL DISE	Low for a see CONDITION GIVEN IN PA	H214	25 25 25 25 25 25 25 25 25 25 25 25 25 2
PA  CCELLION  da  da  da  da  PA  CREATION  ACCELLION  ACCELLION  EDICAL  CREATION  CR	onditions, if an inch gare rise ore cause (cuing the unding cause the unding cause to	WAS CAUSED BY: MEDIATE CAUSE (a)  TO  TO  TO  TO  TO  TO  TO  TO  TO  T	CONTRIBUTING TO E	DEATH BUT NOT RELATED  2 2 5  HOW INJURY OCCUMR  g., in or about home.	Valve De TERMINAL DISE	ASE CONDITION GIVEN IN PA	H214	25 Jan Dearth 25
PA  CCU  in  ab  sto  sto  pa  PA  20a. ACCI  INJU  20d. INJU  WHILE AT  WORK	onditions, if an inch gare rise ore cause (cause (cause the uning cause to the uning cause (cause of the uning cause of the uni	WAS CAUSED BY: MEDIATE CAUSE (a)	CONTRIBUTING TO E  206 DESCRIBE  EE OF INJURY (c. factory, street, company)	DEATH BUT NOT RELATED  2 2 5  HOW INJURY OCCUMR  g., in or about home.	Low Jones Terminal Dise	ASE CONDITION GIVEN IN PARTITION OF LOCATION	H214 111 of item 18.)	25 January Performent No. 1
PACE COLUMN WILLE AT WORK  21. Jacob	onditions, if an inch gare rise ore cause (cause (cause the uning cause to the uning caus	WAS CAUSED BY: MEDIATE CAUSE (a)  INV. (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CONTRIBUTING TO E  200 DESCRIBE  E OF INJURY (c. 1, factory, street, c.	DEATH BUT NOT RELATED  2 2 5  HOW INJURY OCCUMA  g., in or about home, office bldg., etc.)	DO THE TERMINAL DISE  ED. (Enter nature of	ASE CONDITION GIVEN IN PARTITION OF LOCATION	RT I(a) H214 I II of item 18.) COUNTY	19. WAS AUTOPSY PERFORMED? YES NO STA
PACE COLUMN WILLE AT WORK  21. Jacob	onditions, if an inch gare rise ore cause (cuing the unding cause to the unding cause	WAS CAUSED BY: MEDIATE CAUSE (a)  INV. (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CONTRIBUTING TO E  206 DESCRIBE  EE OF INJURY (c. factory, street, company)	DEATH BUT NOT RELATED  2 2 5  HOW INJURY OCCUME  9. in or about home, office bldg., etc.)  1 55 7, to 8  1 m on the date	DO THE TERMINAL DISE  ED. (Enter nature of	ASE CONDITION GIVEN IN PART I or Par	RT I(a) H214 I II of item 18.) COUNTY	INTERVAL BETWEE ONS AND DEATH  25  19. WAS AUTOPSY PERFORMED?  YES NO STA
PA  CC Util  ab  sto  WEDITION  PAI  20a. ACCI  INJU  20d. INJU  WHILE AT  WORK  21. J at 1  Dea.  22a. SIG	onditions, if an inch gare rise ore cause (cause (cause the uning cause the uning cause the RT II. OTHER S  OF Hour IRY a.m., p.m.  IRY OCCURRET  IN OTHER S  IRY OCCURRET  AT WE AT WE ARREST ON. 12	WAS CAUSED BY: MEDIATE CAUSE (a)  INV. (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CONTRIBUTING TO E  200 DESCRIBE  E OF INJURY (c., factory, street, or title)  (Deorge of title)	DEATH BUT NOT RELATED  2 2 5  HOW INJURY OCCUME  9. in or about home, office bldg., etc.)  1 55 7, to 8  1 m on the date	201. CITY. TOWN.	ASE CONDITION GIVEN IN PART I or Par	COUNTY  er alive on an anowledge, fro	INTERVAL BETWEE ONS AND DEATH  25 99  19 WAS AUTOPSY PERFORMED?  YES NO 11  STATE  The causes state  22c, DATE SIGN  14 Causes  14 Causes  15 Causes  16 Causes  17 Causes  18 C
PA  CC Util ab stor British PAI  CV UTIME PA	onditions, if an inch gare rise ore cause (a ging the und green to the und green to the under th	WAS CAUSED BY: MEDIATE CAUSE (a)	CONTRIBUTING TO E  200 DESCRIBE  E OF INJURY (c., factory, street, or title)  (Deorge of title)  23c. NAM	DEATH BUT NOT RELATED  25 HOW INJURY OCCUME  g., in or about home, office bldg., etc.)  m on the date  1954, to 8	201. CITY. TOWN.	ASE CONDITION GIVEN IN PARTITION OF LOCATION  The and last saw in the to the best of my k	COUNTY  county  county  county  county  county  county  county	INTERVAL BETWEE ONS AND DEATH  25 19 WAS AUTOPSY PERFORMED?  YES NO 11 NO 12 NO 14 N
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I hereby certify that the body whose	name	is recorded	on the reverse	side of this certificate	e was emb
by me, or by	, 	•••		, Student Embalmer N	٠
working under my personal supervision.			•		

Signature of Student Embalmer

Signed Marles & Mungel

P. O. Address of la Blog

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.